



**PATENT APPLICATION**  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

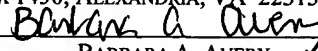
**Applicant:** Daniel E. Patridge  
**Serial No.:** To Be Assigned  
**Filed:** Herewith  
**For:** A METHOD OF PROVIDING A  
PRODUCT LINE OF DOORS

**Examiner:**  
**Group Art Unit:**  
  
**Docket No.:** MDR0002/US



Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**EXPRESS MAIL NO. EV331042600US**  
PURSUANT TO 37 CFR 1.10, I CERTIFY THAT ON TUESDAY, JULY 8,  
2003, THE ATTACHED DOCUMENTS ARE BEING DEPOSITED WITH THE  
UNITED STATES POSTAL SERVICE AS "EXPRESS MAIL" ADDRESSED TO:  
MAIL STOP PATENT APPLICATION, COMMISSIONER FOR PATENTS, P.O.  
BOX 1450, ALEXANDRIA, VA 22313-1450.

  
BARBARA A. AVERY

**Transmittal Letter for New U.S. Patent Application**

Dear Sir:

Enclosed for your filing pursuant to 37 C.F.R. 1.10 are the following papers in connection with the above-identified patent application:

1. Complete patent application, including 13 pages of the specification, 2 pages of claims, and 1 page Abstract;
2. Sixteen (16) sheets of drawings including Figures 1-17 as described in the specification;
3. Combined Declaration and Power of Attorney (2 pgs.);
4. Fee Calculation Sheet;
5. Check in the amount of \$918.00 for the application Filing Fee (\$750 filing fee and \$168 extra claims fee);
6. Return Receipt Postcard.

Pursuant to 35 U.S.C. 111 and 37 CFR 1.53(b), this application is being filed with the necessary application, claims, and drawings. Please place this application on file upon receipt with a filing date of July 8, 2003.

July 8, 2003

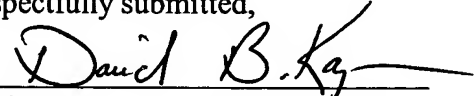
Page 2

Enclosed is a check in the amount of \$918.00 for the filing fee. Should any additional fees be required, the Commissioner is authorized to charge Kagan Binder Deposit Account No. 50-1775 and thereafter notify us of the same.

Date: July 8, 2003

Respectfully submitted,

By: \_\_\_\_\_



David B. Kagan, Reg. No. 33,406



33072

PATENT TRADEMARK OFFICE

Phone: (651) 275-9804

Fax: (651) 351-2954

DBK/8786

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**CLAIMS FEE CALCULATION SHEET**

	Claims	Extra	Rate	Fee
				\$750
Total Claims	13	- 20= 0	x \$18	\$0
Total Independent Claims	5	- 3= 2	x \$84	\$168
Multiply Dependent Claims	0		\$280	\$ 0
			Total	\$918

DBK/8788